Testimony in support of Senate Bill 300: February 8, 2007

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On behalf of the Department of Public Health and Human Services, I am testifying in support of Senate Bill 300, which requires the use of seat belts and appropriate child safety restraints for adults and youth in Montana. Mr. Chairman, committee members, I would like to address a number of important questions I believe you should consider regarding this Bill.

First, why is it so important to implement a primary seat belt law to prevent an ongoing epidemic of unnecessary death and injury in Montana?

Briefly, Montana has a very big problem with motor vehicle related deaths, a very costly problem with motor vehicle related injuries, and primary seat belt laws have been shown to mitigate these problems. Consider the following:

a) Montana has one of the highest motor vehicle occupant fatality rates in the United States. Unfortunately, in 2004 Montana continued to be in the top ten of states with the highest motor vehicle fatality rates. Montana was third, behind only Mississippi and South Dakota. We should be striving to be in the bottom ten in this distinctly undistinguished ranking.

b) Between 1999 and 2004, there were 980 motor vehicle occupant deaths in Montana; on average, three deaths every week during these years.

c) During that time period:
   - 311, 1/3 of all motor vehicle occupant deaths occurred in Montanans under the age of 25.
   - The motor vehicle occupant death rate for white Montanans was **twice** the rate for whites elsewhere in the U.S.
   - The motor vehicle occupant death rate for Montana American Indians was, disturbingly, **four times** higher than the rate for whites in the U.S. and also **four times** higher than the rate for American Indians and Alaskan Natives elsewhere in the U.S.

- Approximately **1 in every 10** deaths in Montana American Indians was due to a motor vehicle crash. [Attached is further information about the tragic toll of motor vehicle fatality affecting American Indians in Montana.]
- The median age of motor vehicle death for Montana American Indians was 29 years, ten years younger than the median age for whites who died in motor vehicle crashes. The years of life lost in these preventable events is tragic for Montana and heartrending for hundreds of family and friends.

d) In Montana, childhood deaths are reviewed by a process called the Fetal, Infant, Child Mortality Review. In 2003-2004, the motor vehicle crash deaths of 29 infants and children were reviewed. Disturbingly, only 5 (17%) of these now dead persons were restrained by a seat belt or infant seat.

e) In 2005, unrestrained motor vehicle occupants were seven times more likely to sustain a fatal or severe injury than occupants who were restrained during vehicle crashes (17% vs. 2%).

f) In 2005, unrestrained motor vehicle occupants who were hospitalized after a crash had two-fold longer hospital lengths of stay than restrained occupants experiencing a crash, the hospital charges were nearly twice as high, and insurance coverage was significantly lower for the unrestrained motor vehicle occupants.

Do primary seat belt laws work?

Yes. More than 25 states have enacted primary seat belt laws. In those states, seat belt use has increased and fatalities from motor vehicle crashes have decreased. Recently, Washington state has demonstrated the life-saving results of a primary seat belt law. They implemented a law that included public education and enforcement. As a result, seat belt use increased from 81% to 95%, and the motor vehicle occupant fatality rate decreased by 13%. [This prevention step, if it had been implemented in Montana, would have saved 127 lives from 1999 to 2004.]

Who pays the bill for unrestrained motor vehicle occupants injured in a crash?

We do. As I mentioned previously, unrestrained motor vehicle occupants are more likely to be killed or to experience injuries during a crash compared to restrained occupants. When injury occurs and the injured individual has no health insurance, or their insurance doesn't cover the extensive services they require, Montana hospitals absorb the cost of these services. Ultimately the tax payer foots the bill for many of these persons who

inevitably become eligible for Medicaid or for Medicare when long-term disability compromises ability to work and otherwise care for themselves.

What is the argument against a primary seat belt law?

The general argument against enacting a primary seat belt law seems to revolve around the idea that use of seat belts and child safety seats is solely a personal responsibility, a decision that should be left to adults, including parents on behalf of children. In this view, government regulation is not appropriate for this purpose. Mr. Chairman, I would argue that the State of Montana has other laws that protect the public's health by restricting life threatening behaviors and requiring life protective choices. Among these are laws that protect both adults and children, including prevention of motor vehicle deaths by reducing impaired driving. Between 1990 and 2004, 765 Montana children, adolescents, and young adults less than 25 years of age died in motor vehicle crashes and many more sustained severe injuries. If in 1990 a primary seat belt law had been enacted, at least 100 Montanans who died prematurely would have had the chance to become adults, to work and have families of their own, and to protect their children by following a primary seat belt law.

Now (2007) is not too soon to take a live-saving step. If enacted, this Bill would establish critically important policy to prevent many premature deaths and unintentional injuries in both adults and children in Montana. Mr. Chairman, committee members, thank you for the opportunity to testify. I would particularly like to thank Senator Cooney for sponsoring this important legislation.

The toll of motor vehicle crash fatality in Montana American Indians: 1999 to 2004

Prepared to provide information to the Montana Senate Judiciary Committee

by

Public Health and Safety Division
Department of Public Health and Human Services

February 8, 2007

Objectives:

- To assess the burden of motor vehicle occupant deaths among American Indians and whites living on or near the seven reservations in Montana, as well as those living elsewhere in Montana.

Methods:

- County of residence used to define "on or near reservation"
  - Blackfeet (Glacier, Pondera, Toole)
  - Rocky Boys (Hill, Chouteau)
  - Fort Belknap (Blaine, Phillips)
  - Fort Peck (Daniels, Roosevelt, Sheridan, Valley)
  - Crow/Northern Cheyenne (Big Horn, Rosebud)
  - Flathead (Lake, Sanders)
  - Non-Reservation (all other counties)

Methods:

- Number of motor vehicle occupant deaths between 1999 and 2004
- Proportion of all deaths among motor vehicle occupants
- Median age of death
- Age-adjusted motor vehicle occupant mortality rates

Figure 1. Number of motor vehicle occupant deaths among American Indians and whites, by location, Montana, 1999-2004.

	White	Am. Indian	
Location (Counties on or near Reservation)	n (%)	n (%)	N
Blackfeet	19 (32)	41 (68)	60
Northern Cheyenne/Crow	13 (19)	56 (81)	69
Fort Belknap	10 (32)	21 (68)	31
Rocky Boys	17 (65)	9 (35)	26
Fort Peck	16 (46)	19 (54)	35
Flathead	50 (59)	35 (41)	85
Non-Reservation counties	601 (96)	25 (4)	626
Total	726 (78)	206 (22)	932

Figure 2. Of all deaths, the proportion due to motor vehicle crashes among American Indians and whites, by location, Montana, 1999-2004.

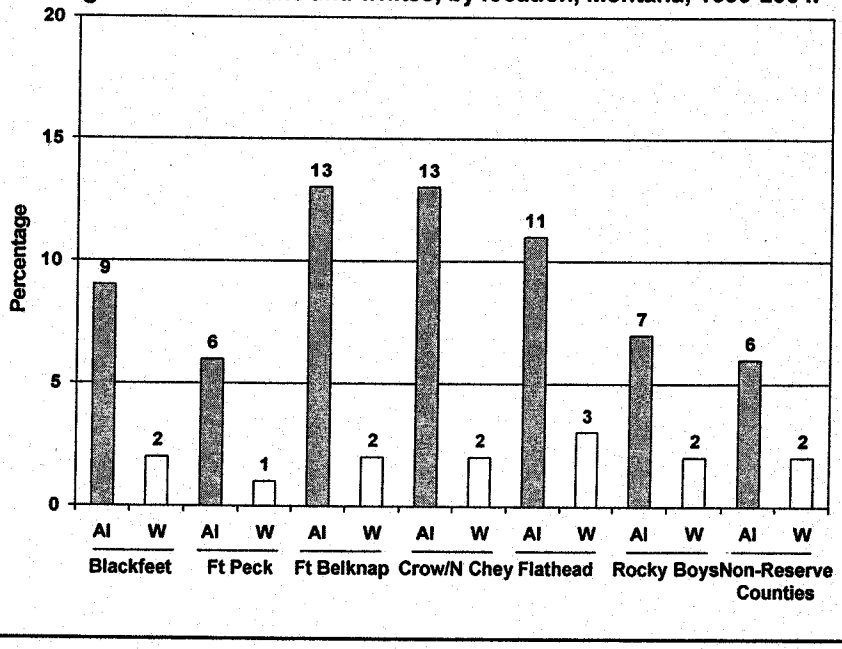


Figure 3. Median age of motor vehicle occupant deaths among American Indians and whites, by location, Montana, 1999-2004.

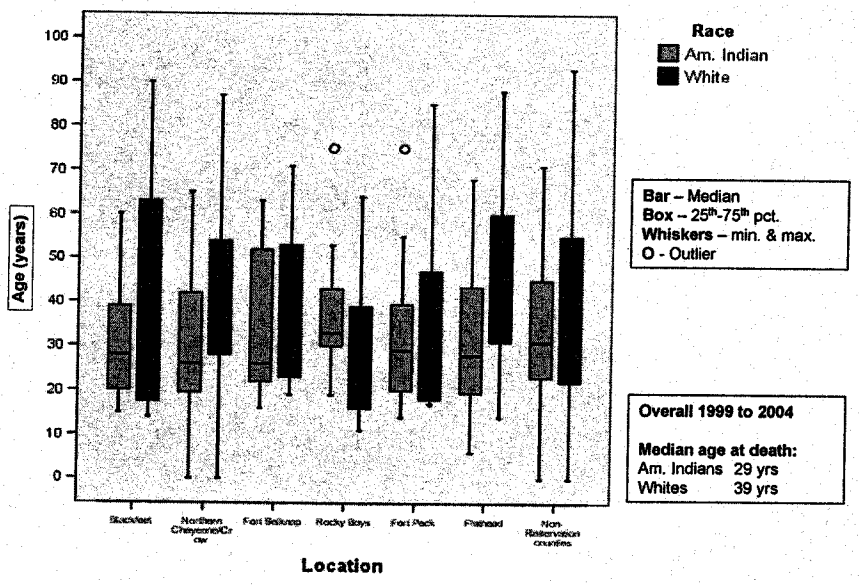
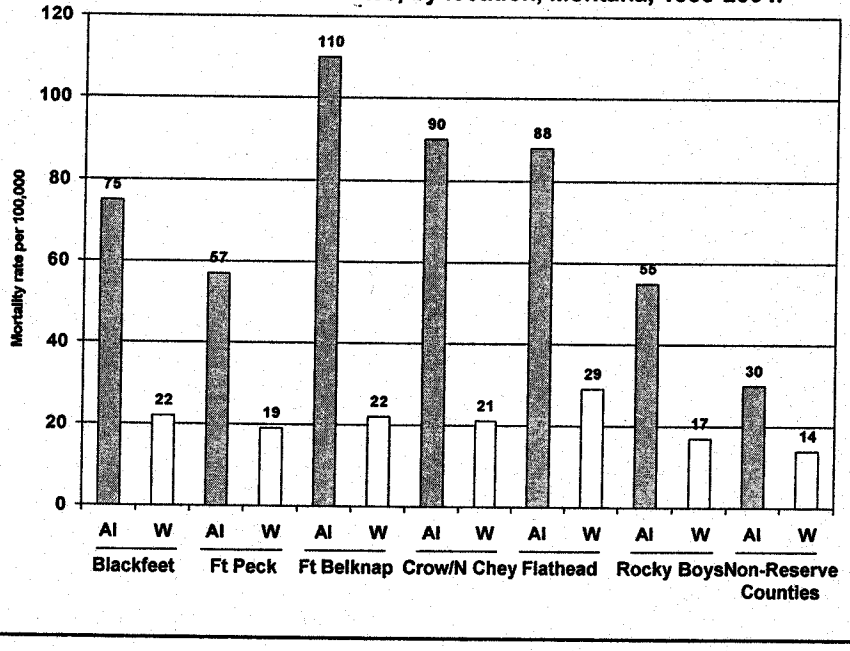


Figure 4. Age-adjusted motor vehicle occupant mortality rates among American Indians and whites, by location, Montana, 1999-2004.



Conclusions:

- Proportion of all deaths due to motor vehicle crashes is higher in Indians compared to whites.
- Median age at death approximately 10 years younger in American Indians compared to whites in Montana.
- MVC mortality rates higher in American Indians compared to whites in Montana.
- MVC mortality rates American Indians and whites in Montana are significantly higher than American Indians/Alaska Natives (four times) and whites (two times) in the U.S. (data available on request).
- Implementing effective prevention strategies could significantly reduce the number of deaths among motor vehicle occupants here in MT.

Effective Prevention Strategies:

- Primary seatbelt law
- Requirements for child safety seats
- Graduated drivers license law
- Preventing alcohol impaired driving

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PREVENTION OPPORTUNITIES UNDER THE BIG SKY

Motor Vehicles and Mortality in Montana: Preventable Deaths Take Heavy Toll

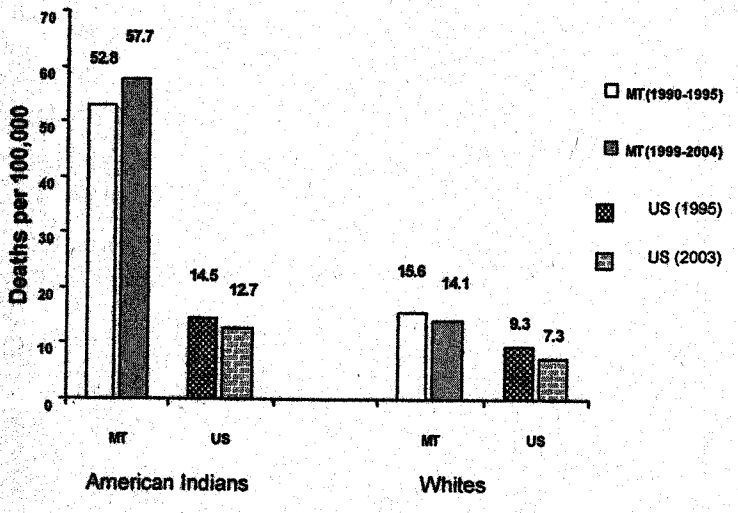
There are some national rankings in which it is better NOT to be in the top 10; motor vehicle fatalities is one of those rankings. Unfortunately, Montana has been going the wrong direction. In 2002 Montana ranked 3rd in the country and 2003 "rose" to 2nd .[1,2] While issues such as great rural distances that invite great driving speed may put Montanans at special risk for fatal motor vehicle crashes, important prevention steps that are not being taken could save many lives. This issue of *Montana Public Health* will describe motor vehicle related mortality in Montana and the prevention opportunities that exist. An important public health goal is to push Montana into the bottom 10 in this national ranking.

Motor Vehicle Fatalities

Motor vehicle crashes are the leading cause of injury death in the U.S. and in Montana.

- For Montanans age 1 to 44, unintentional injuries are the leading cause of death and motor vehicle crashes are by far the leading cause of these injury deaths.
- From 1999 to 2004, the motor vehicle occupant fatality rate was higher for men (24 per 100,000) than for women (12 per 100,000).
- During this period, 63% of motor vehicle crash fatalities were among persons 0 to 44.
- The motor vehicle occupant death rate for white Montanans is twice the rate for whites in the U.S. (Figure 1).
- The motor vehicle occupant death rate for Montana American Indians is four times higher than that for whites or American Indian/Alaskan Natives elsewhere in the U.S. (Figure 1).

Figure 1: Motor vehicle occupant death rates among American Indians and whites in Montana (1990-1995 and 1999-2004) and in the U.S. (1995 and 2003)

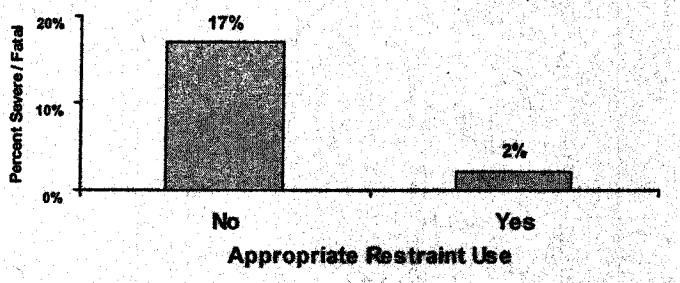


Risk Characteristics of Fatal Crashes

The risk of motor vehicle crashes is decreased by adhering to posted speed limits and NOT drinking and driving. The risk of death in a crash is decreased by using seat belts and appropriate child safety seat restraints. Too much speed and alcohol and too little seat belt use kills Montanans.

- MT had the highest alcohol related motor vehicle fatality rate in the U.S. in 2003 for the second straight year.[3]
- In 2003, alcohol or drug-related crashes accounted for 9.4% of all reported traffic crashes and 49% of all fatal crashes. More than 90% of drivers involved in crashes and for whom testing was done had a blood alcohol concentration >0.08g/1000mL.[3]
- Among occupants in vehicle crashes reported in 2005, those who were unrestrained were more than 7 times more likely to sustain a fatal or severe injury than were those who were restrained (Figure 2).[4]
- In 2005, unrestrained motor vehicle occupants who were hospitalized after a crash had two-fold longer hospital length of stay than did hospitalized restrained motor vehicle occupants. Hospital charges were nearly twice as high and insurance (auto and commercial) coverage was significantly lower for the unrestrained motor vehicle occupants.[5]

Figure 2: Severe or fatal injury among motor vehicle occupants for whom seat belt use was recorded, Montana Highway Patrol records, 2005



Prevention Steps

In 2005 in Montana, the legal blood alcohol limit was lowered and a graduated drivers license law was enacted. These steps have been related to lowering motor vehicle mortality rates in other states.[6] Enacting and enforcing a primary seat belt law would save even more lives. In other states this step was associated with a 14% increase in seat belt use and a 7% reduction in motor vehicle fatalities.[7]

Child safety seats need to be used correctly. Infants should ride rear-facing until at least one year AND 20 pounds; children 20 to 40lbs are safest in a car seat with five point internal restraints; children >40lbs should use a booster seat until the lap belt can be worn low and flat on the hips and the shoulder belt can be worn across the shoulder rather than the face/neck (usually at about 4'9" tall and between 8 and 12 years old). For additional information about child seat guidelines, see: http://www.aap.org/family/carseatguide.htm

Figure 3: A child correctly secured in a booster seat with the lap / shoulder belt

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Recommendation: Prevention Steps That Reduce Motor Vehicle Crash Fatalities

- Always wear a seat belt or appropriate child restraint when driving.
- Do not drink and drive and do not travel with a driver who has been drinking.
- Health care providers should encourage seat belt and appropriate child safety seat use, and sober driving for all patients and their families.
- Public health and school officials should strengthen efforts to educate young drivers about responsible driving (follow speeds limits, wear seat belts, do not drink and drive).
- A primary seat belt law should be enacted and enforced.

For more information about injury prevention in Montana, contact Bobbi Perkins, Injury Prevention Coordinator at (406) 444-4126 (bperkins@mt.gov).

Top References: *(additional references upon request).*

1. Centers for Disease Control and Prevention. Web-based injury statistics query and reporting system (WISQARS). US DHHS, CDC, National Center for Injury Prevention and Control, 2006. Available at http://www.cdc.gov/ncipc/wisqars/
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5. Montana State Trauma Registry Data, 2005
6. US PHS (2004). Prevention Guidelines. Ch. 57 (643-657)
7. Farmer, Williams; "Effect on fatality risk of changing from secondary to primary seat belt enforcement." Journal of Safety Research 36 (2005) 189-194.

NOTE: The January issue of *Montana Public Health* will highlight the availability of primary care in MT.

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